



Sussex County Association of Change Ringers
Registered Charity 268588

Expenses Form

Please read the SCACR Expenses Policy on the SCACR website before completing this form.

NAME:

Office Held:

TRAVELLING EXPENSES: Current HMRC rate (45p/mile).

| MEETING ATTENDED / JOURNEY | DATE | MILEAGE | COST |
|----------------------------|------|---------|------|
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| SUBTOTAL: | | | £ |

OTHER EXPENSES (please submit receipts with the claim form)

| DESCRIPTION OF EXPENSE | DATE | AMOUNT £ |
|------------------------|------|----------|
| | | £ |
| | | £ |
| SUBTOTAL: | | £ |

TOTAL VALUE OF EXPENSES CLAIM ON THIS FORM: £

Signed.....

Date.....

BACS Transfer information:

Sort-code Account Number:

Name on Bank Account:

Contact email or telephone number of claimant:

Please return this form and supporting receipts to:-
Mrs S Gadd (Treasurer). 1 Southdown Terrace, Steyning, West Sussex, BN44 3YJ.